2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90190 047 ****61.25

94070002

DOCUMENT # N99000000271

1. Entity Name
JACKSONVILLE REGIONAL BEAR ASSOCIATION, INC.

Principal Place of Business	Mailing Address
616 PARK STREET JACKSONVILLE, FL 32204	616 PARK STREET JACKSONVILLE, FL 32204

2. Principal Place of Business	3. Mailing Address
Same	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04252004 Chg-NP CR2E037 (10/03)

4. FEI Number: NOT APPLICABLE — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CERNIGLIA, TERRY 852 TALBOT AVE JACKSONVILLE, FL 32205	Name: J. Keith Williams Street Address (P.O. Box Number is Not Acceptable): 1719 Westminister Ave City: Jacksonville FL Zip Code: 32210

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: J. Keith Williams — April 25, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is $61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☐ Delete	TITLE	PD ☐ Change ☒ Addition
NAME	CERNIGLIA, TERRY	NAME	J. Keith Williams
STREET ADDRESS	852 TALBOT AVE	STREET ADDRESS	1719 Westminister Ave.
CITY-ST-ZIP	JACKSONVILLE, FL 32205	CITY-ST-ZIP	Jacksonville, FL 32210
TITLE	D ☒ Delete	TITLE	VD ☐ Change ☒ Addition
NAME	CORELLA, AL	NAME	Wesley Shaw
STREET ADDRESS	852 TALBOT AVE	STREET ADDRESS	1632 Minerva Ave. # 01
CITY-ST-ZIP	JACKSONVILLE, FL 32205	CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	SD ☒ Delete	TITLE	SD ☐ Change ☒ Addition
NAME	SCHNEIDER, DAIV	NAME	Joseph Barbee
STREET ADDRESS	922 TALBOT AVE	STREET ADDRESS	4538 Royal Ave.
CITY-ST-ZIP	JACKSONVILLE, FL 32205	CITY-ST-ZIP	Jacksonville, FL 32205
TITLE	VD ☒ Delete	TITLE	D ☐ Change ☒ Addition
NAME	PADILLA, RAY	NAME	Jim Thompson
STREET ADDRESS	1068 WILLOW COVE CT N	STREET ADDRESS	5400 Colling Rd. # 135
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	CITY-ST-ZIP	Jacksonville, FL 32244
TITLE	TD ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	BRANSON, RANDY	NAME	Joel Turner III
STREET ADDRESS	2630 MERRILL BLVD	STREET ADDRESS	4538 Royal Ave.
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	CITY-ST-ZIP	Jacksonville, FL 32205
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. Keith Williams — 4/25/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #